

Name
in
Full

Robertie Becket

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Chance Town Somerset County MARYLAND

Date of death 1908 Month May Day 17 Age ~~20~~ 21 Years Months 2 Days

Sex Female Color or Race Black Birth-place md

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name John Becket Father's Birthplace md

Mother's Maiden Name Nellie Collins Mother's Birthplace md

Name of person giving information John Becket How related to deceased Father

CAUSES OF DEATH

176

Primary Strangulation How long 1 hour

Immediate Apoplexy How long " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Geo J. Foster
Sap. Registrar
Deals Island md

Accident or Suicide? (over)

child rolled under its mother's arm. and suffocated or
strangulation set in

Name
in
Full

Mina Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

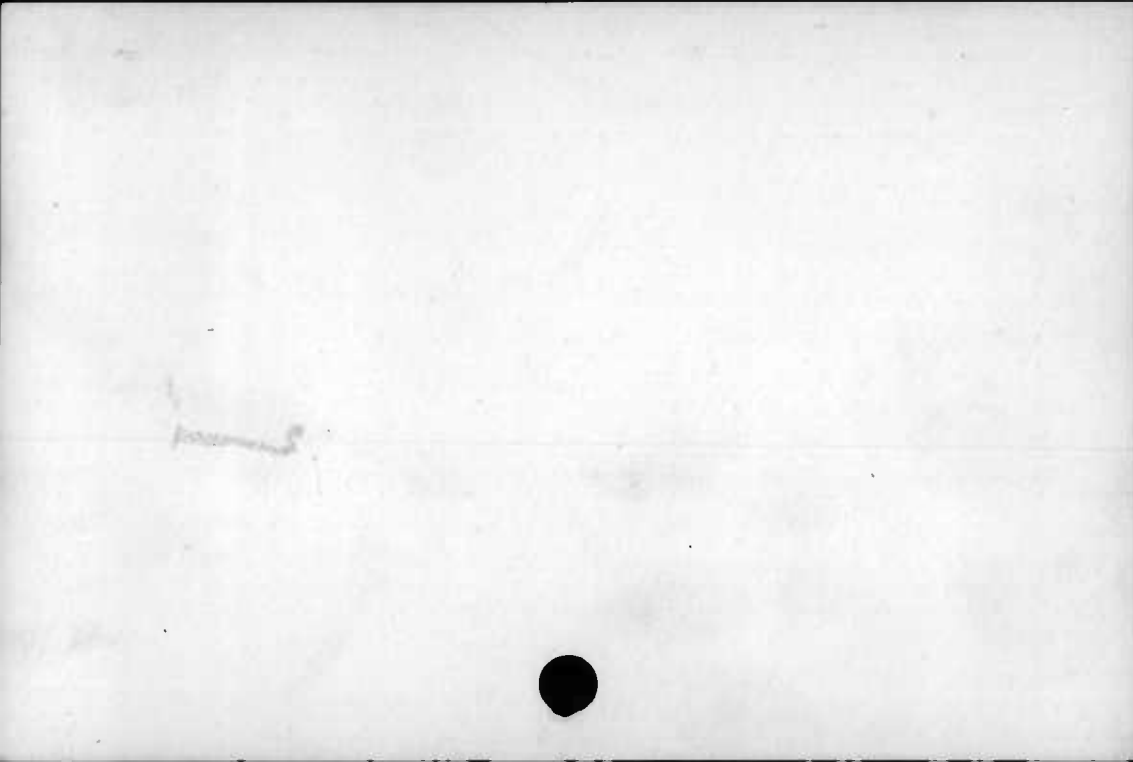
Died at <i>York Road</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>21</i>	Age <i>28</i>	Months <i>✓</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Somerset Co Md.</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>✓</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>✓</i>			
Father's Name <i>Mingo Bell</i>			Father's Birthplace <i>ind</i>		
Mother's Maiden Name <i>Eliza Gale</i>			Mother's Birthplace <i>ind</i>		
Name of person giving information <i>John Gale</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Don't know. has been sick</i>	How long	<i>year or more</i>
Immediate	<i>quicks & white, Didn't have any doctor</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>P. J. Smith</i>	
		Address <i>Prodan ind</i>	
Accident or Suicide?			



Name

in
Full

Mary Bird

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

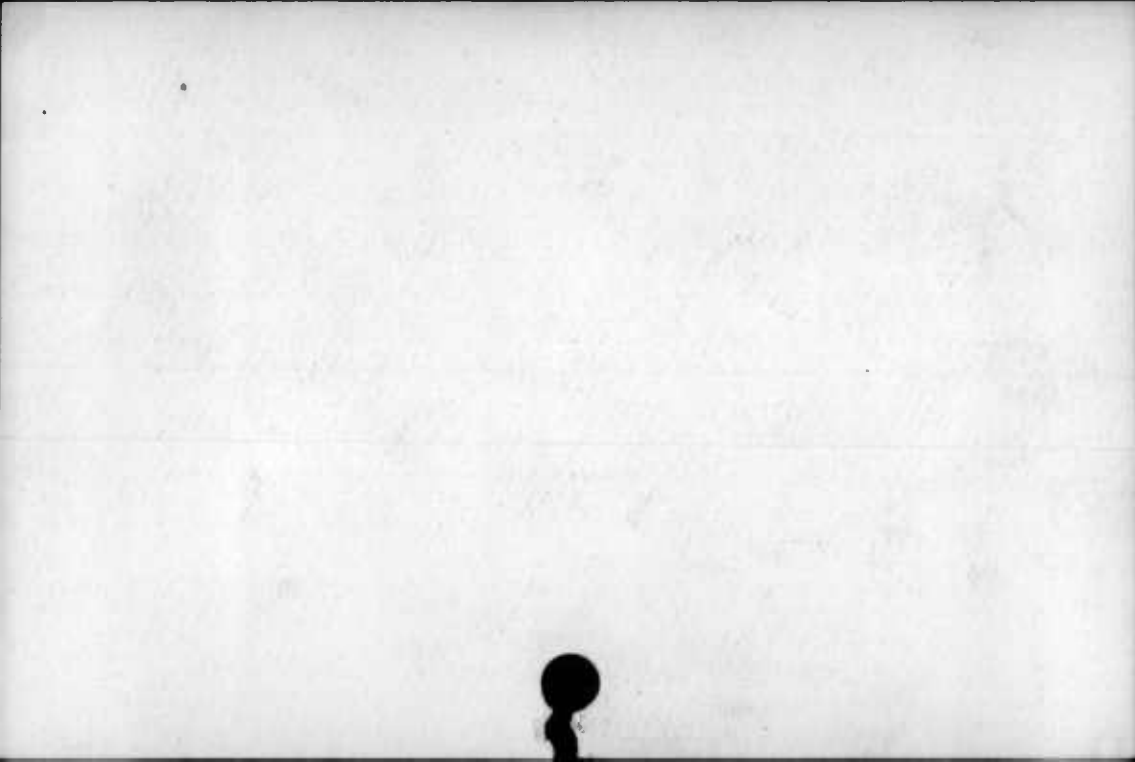
Died at <i>Habnah</i> Town			County <i>Somerset</i>			MARYLAND		
Date of death <i>1908</i>		Month <i>May</i>	Day <i>10</i>	Age <i>80</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Black</i>			Birth-place <i>md.</i>				
Occupation <i>Housework</i>				Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Morris Bird</i>						
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown.</i>						
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown.</i>						
Name of person giving information <i>Mrs Bird</i>		How related to deceased <i>Son.</i>						

CAUSES OF DEATH

78

PHYSICIAN
OR CORONER

Primary <i>Endocarditis</i>	How long <i>Unknown</i>
Immediate <i>Pulmonary Oedema</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. T. Foster, M.D.</i>
	Address <i>Princess Anne, Md.</i>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Danvers Quarter</i>		Town <i>Danvers</i>		County <i>Dorchester</i>		MARYLAND	
	Date of death <i>1908</i>		Month <i>May</i>		Day <i>20</i>		Age <i>49</i>	
	Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Troy, N.Y.</i>		Months <i>7</i> Days <i>25-</i>	
	Occupation <i>House work</i>				Where Residing if not at place of death <i>Troy, N.Y.</i>			
	Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>Edward Brzoman</i>					
	Father's Name <i>x Lorenzo Shetter</i>				Father's Birthplace <i>Dorchester</i>			
	Mother's Maiden Name <i>don't know</i>				Mother's Birthplace <i>Dorchester</i>			
Name of person giving information <i>Chas. Brzoman</i>				How related to deceased <i>Son</i>				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary <i>died suddenly</i>				How long <i>178</i>			
	Immediate				How long			
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>W. S. Kelly</i>			
					Address <i>Danvers Quarter Md</i>			
	Accident or Suicide?							

Could not get a gl
to send in last
month

Name
In
Full

Wilbur Costan

CERTIFICATE OF DEATH

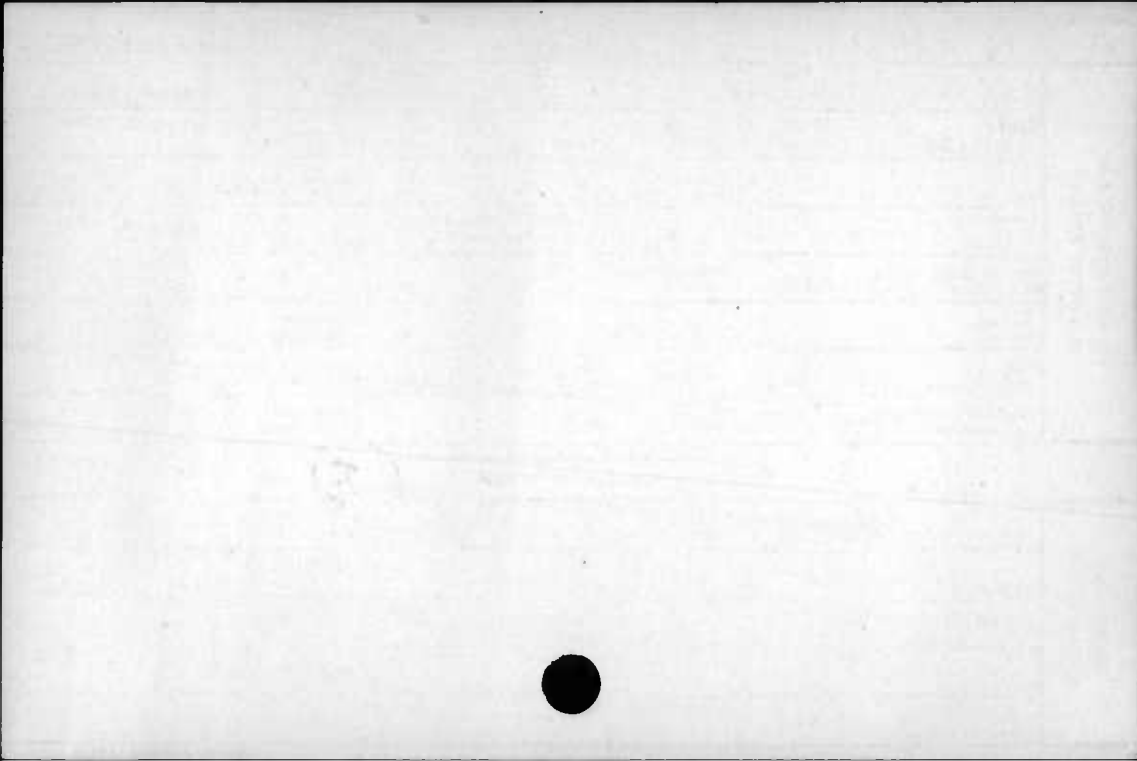
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Enfield</u> <small>Town</small>		<u>Somerset</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u> <small>Month</small> <u>May</u> <small>Day</small> <u>30</u>		Age <u>15</u> <small>Years</small>		<u>-</u> <small>Months</small>	<u>-</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>Col</u>	Birth place <u>Vermont</u>			
Occupation <u>Schoolboy</u>		Where Residing <u>Enfield</u> <u>MD</u> <small>at place of death</small>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>-</u>				
Father's Name <u>Louis Costan</u>		Father's Birthplace <u>N. C.</u>			
Mother's Maiden Name <u>Annie Hudgins</u>		Mother's Birthplace <u>Va</u>			
Name of person giving information <u>Edw Thomas</u>		How related to deceased <u>Friend</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause <u>Typhoid Fever</u>	How long <u>9 wks</u>
Immediate Cause <u>asthenia</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Wm H Coulbourn</u>
<u>no</u>	Address <u>Enfield</u> <u>MD</u>
Accident or Suicide? <u>no</u>	



Name
in
Full

Noah E. Dize

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

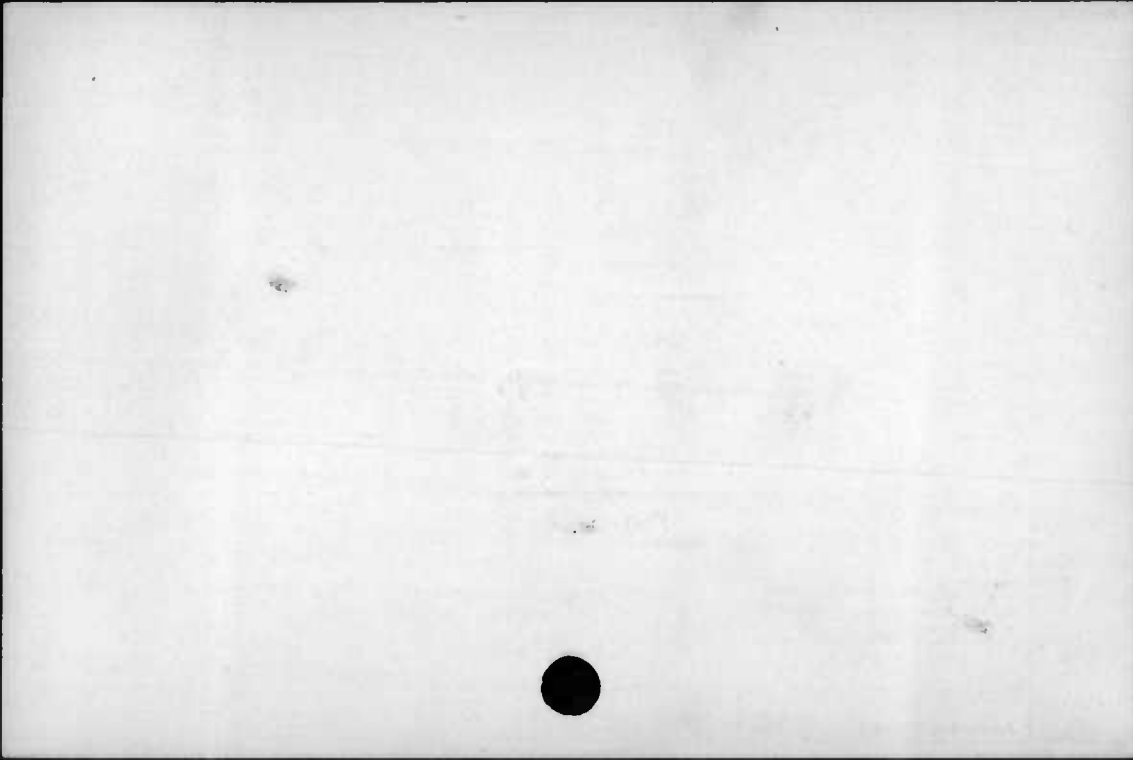
Died at		Crisfield		Somerset		MARYLAND	
Date of death	1908	Month	May	Day	31	Age	72
Sex	male	Color or Race	white	Birth-place	Ewell. Md		
Occupation	Farming			Where Residing if not at place of death			
Married, Single or Widowed	married			Name of Wife or Husband Sallie Dize			
Father's Name	Henry Dize			Father's Birthplace Md			
Mother's Maiden Name	Scholotte Evans			Mother's Birthplace Md			
Name of person giving information	Sallie Dize			How related to deceased Wife			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Valvular. Disease of Heart		How long	5 years
Immediate	—		How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician W. F. Hall	
			Address Crisfield Md	
Accident or Suicide?		no		



Name
in
Full

Daisy Dorman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

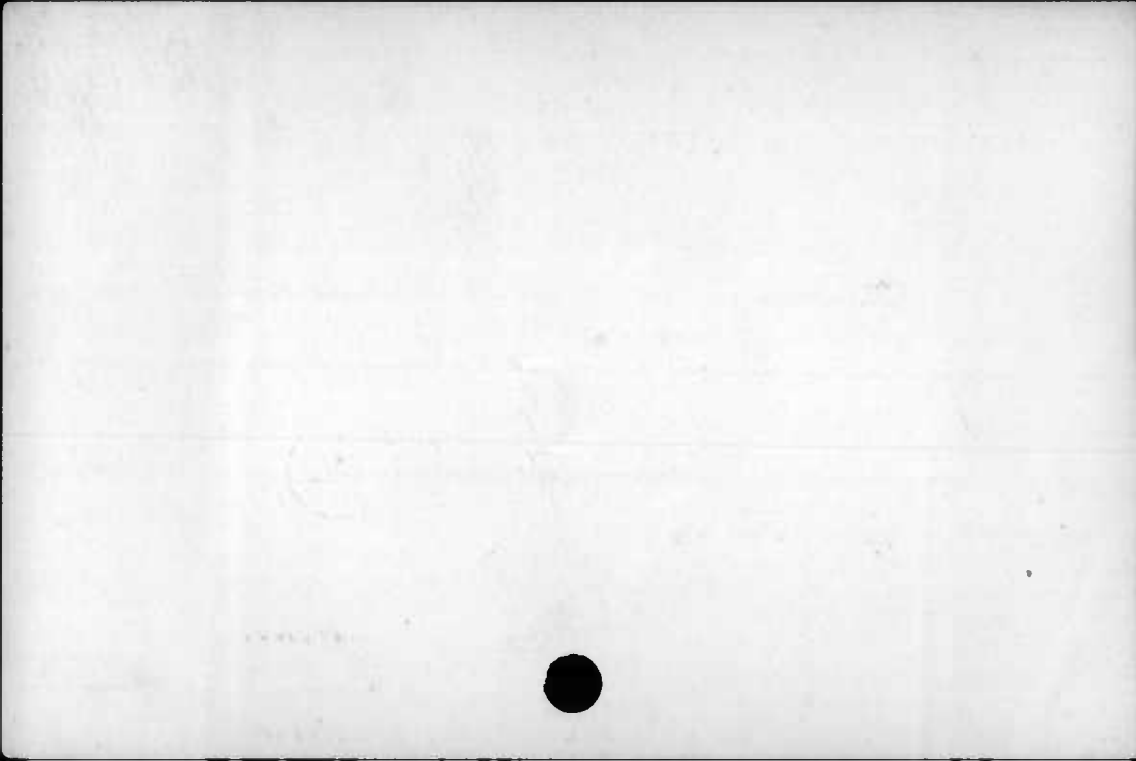
Died at <i>Crisfield</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death <i>1908</i> ^{Month} <i>May</i> ^{Day} <i>29</i>		Age <i>28</i> ^{Years}		Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Bedsworth Md</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>married</i>	Name of Wife ^{Husband} <i>John W. Dorman</i>				
Father's Name <i>John Morgan</i>			Father's Birthplace <i>Bedsworth Md</i>		
Mother's Maiden Name <i>Elizabeth Matthews</i>			Mother's Birthplace <i>Bedsworth Md</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

80

PHYSICIAN
OR CORONER

Primary <i>Neuralgia of Heart.</i>	How long <i>Sudden -</i>
Immediate <i>-</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. F. Hull</i>
	Address <i>Crisfield Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

John Hanna Evans

Town

County

Died at Rhodes Point

Somerset

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1908

May

26

Age

9

27

Sex

Male

Color or
Race

White

Birth-
place

Rhodes Point

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Noah G. Evans

Father's
Birthplace

Smiths Island

Mother's
Maiden Name

Rachel Evans

Mother's
Birthplace

Smiths Island

Name of person giving
Information

Noah G. Evans

How related
to deceased

Father

CAUSES OF DEATH

20

Primary

Cerebritis & men

How long

9 weeks

Immediate

Blood Poisoning

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Rt. James,
Cowell,
Md.

Accident or Suicide?

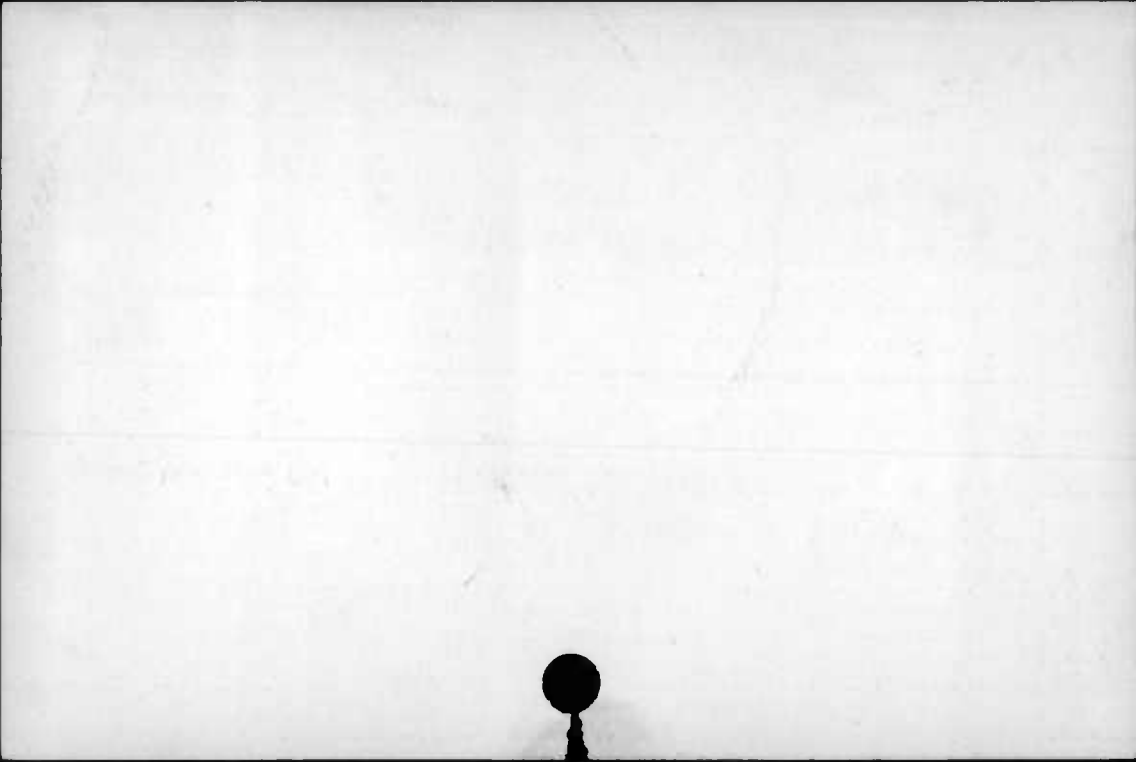
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Town		County		CERTIFICATE OF DEATH	
Died at		Somers Quarter		Somerset		MARYLAND	
Date of death		1908		May 25th		Age 2 Months 13 Days	
Sex		Female		Color or Race		white	
Occupation				Birth-place		Som. Co.	
Where Residing if not at place of death							
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		Nathan Ford		Father's Birthplace		Som. Co.	
Mother's Maiden Name		Ella Jones		Mother's Birthplace		Som. Co.	
Name of person giving information		Nathan Ford		How related to deceased		Father	
CAUSES OF DEATH				151			
Primary		Memorandum		How long			
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		S. J. Winder	
		Som. Co.		Address		Somers Quarter, Md.	
Accident or Suicide?							

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Thos Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

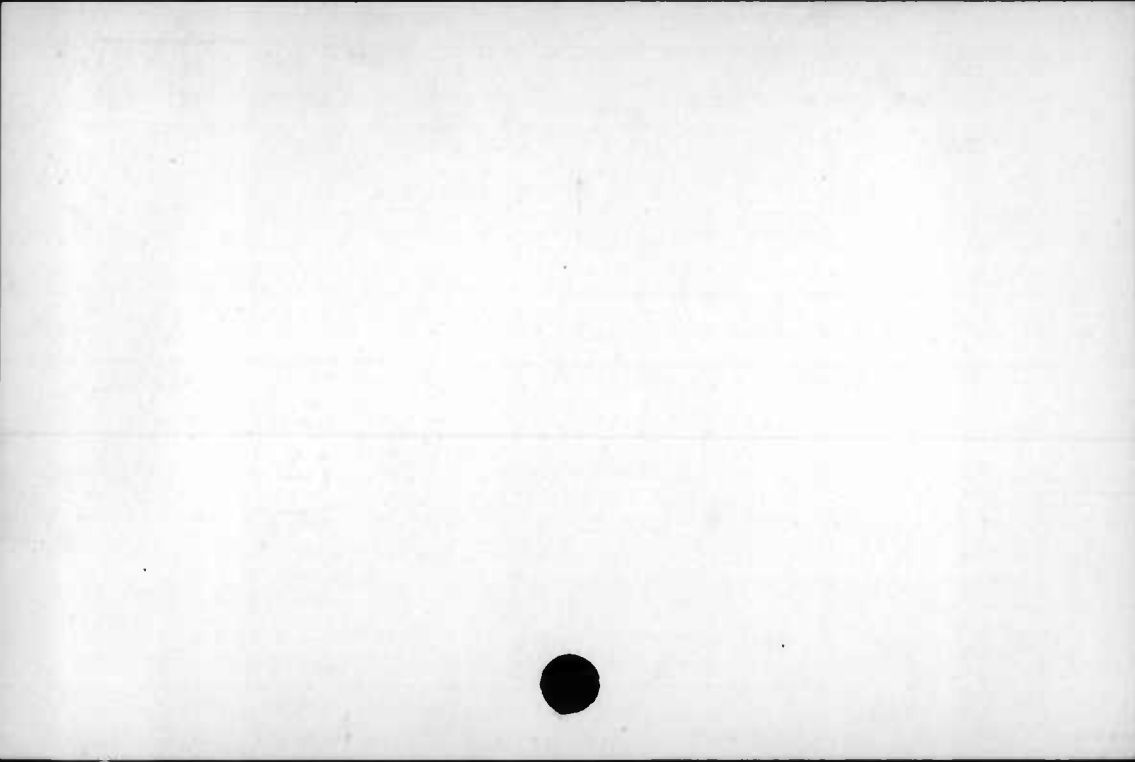
Died at <i>Reisterstown</i>		Town <i>Reisterstown</i>		County <i>Somerset</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>July</i>	Day <i>22</i>	Age	<i>70</i>	Months <i>✓</i>	Days <i>✓</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>ind</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Kellie Jones</i>					
Father's Name <i>✓ Sampson Jones</i>			Father's Birthplace <i>ind</i>				
Mother's Maiden Name <i>Marick Dorne</i>			Mother's Birthplace <i>ind</i>				
Name of person giving information <i>Cecilia Hayward</i>			How related to deceased <i>nd</i>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>7 years</i>
Immediate <i>Aschem</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>7-6</i>	Signature of Physician <i>P. Smith</i>
	Address <i>Princess Anne Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

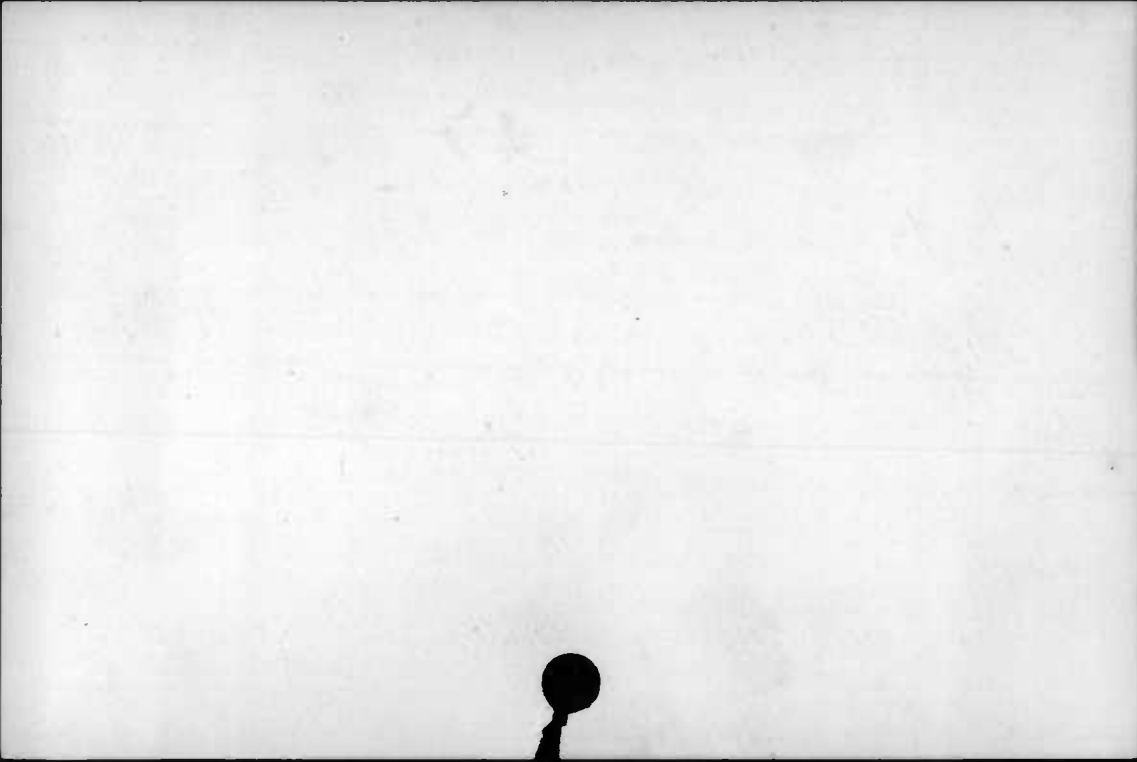
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Year	Months	Days	
1908		May	10th	Age 237	X	X	
Sex	Female		Color or Race	White		Birth-place	McConico, Co.
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	William Owens			
Father's Name	John Hardington				Father's Birthplace	Ind	
Mother's Maiden Name	Sarah Efford				Mother's Birthplace	Ind	
Name of person giving information	William Owens				How related to deceased	Husband	

CAUSES OF DEATH

136

PHYSICIAN
OR CORONER

Primary	Placenta praevia	How long	7th month of pregnancy
Immediate	Hemorrhage	How long	-
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		S. J. Windsor, M.D.	
Address		Lafayette Street, Somerset, N.J.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John B Perdue

Died at *Cottage Grove* Town *Somerset* County **MARYLAND**

Date of death *1908* Month *May* Day *12* Age *75* Years Months Days

Sex *Male* Color or Race *white* Birth-place *Id*

Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Lucinda Tubbs*

Father's Name *John Perdue* Father's Birthplace *Id*

Mother's Maiden Name *Amelia Hoasien* Mother's Birthplace *Id*

Name of person giving information *Lucinda Perdue* How related to deceased *Wife*

PHYSICIAN
OR CORONER

CAUSES OF DEATH

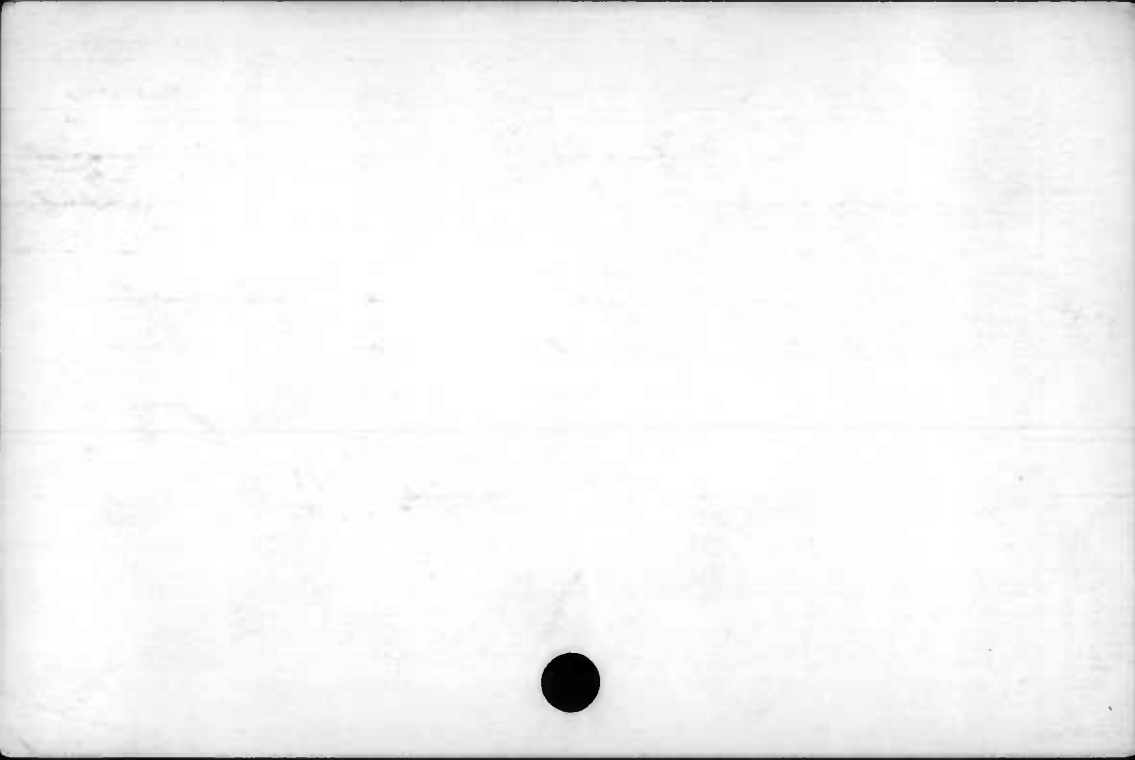
Primary *Senile Bronchitis* How long *About 5 yrs*

Immediate *Pharyngitis* How long *Two weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. Wilson* Address *Baltimore City*

Accident or Suicide



Name
in
FullNelson, Edward Poleyett
Died at *Crifield* ^{Town} *Somerset* ^{County}

CERTIFICATE OF DEATH

MARYLAND

Date of death 1908 ^{Month} May ^{Day} 18 ^{Age} 48 ^{Years} 5 ^{Months} 24 ^{Days}Sex *male* Color or Race *White* Birth-place *New York*Occupation *Contractor coal dealer* Where Residing if not at place of death *—*Married, Single or Widowed *married* Name of Wife or ~~Husband~~ *Clara L Poleyett*Father's Name *Nelson E. Poleyett*Father's Birthplace *Canada*Mother's Maiden Name *Catherine Leffler*Mother's Birthplace *Germany*Name of person giving information *Joseph Poleyett*How related to deceased *Brother*

CAUSES OF DEATH

40

Primary *Cancer Stomach*How long *6 months*Immediate *—*How long *—*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

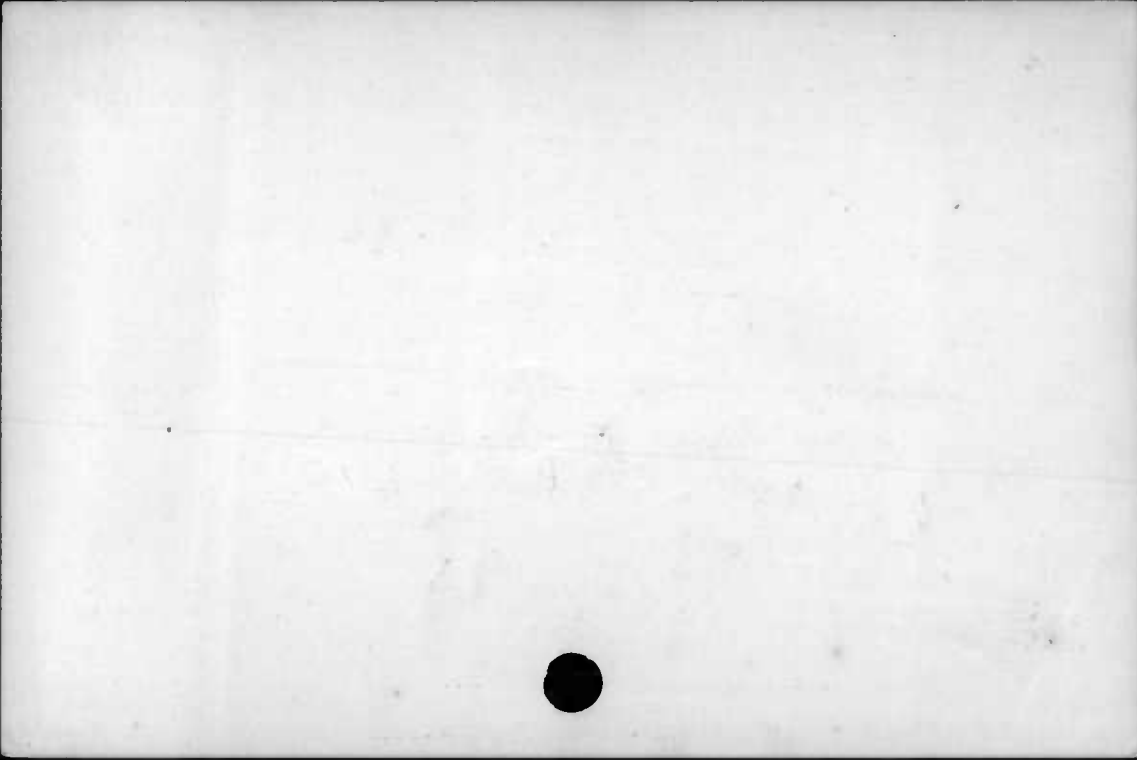
W F Hall

Address

Crifield Md

Accident or Suicide?

*no*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Peter Bennett Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

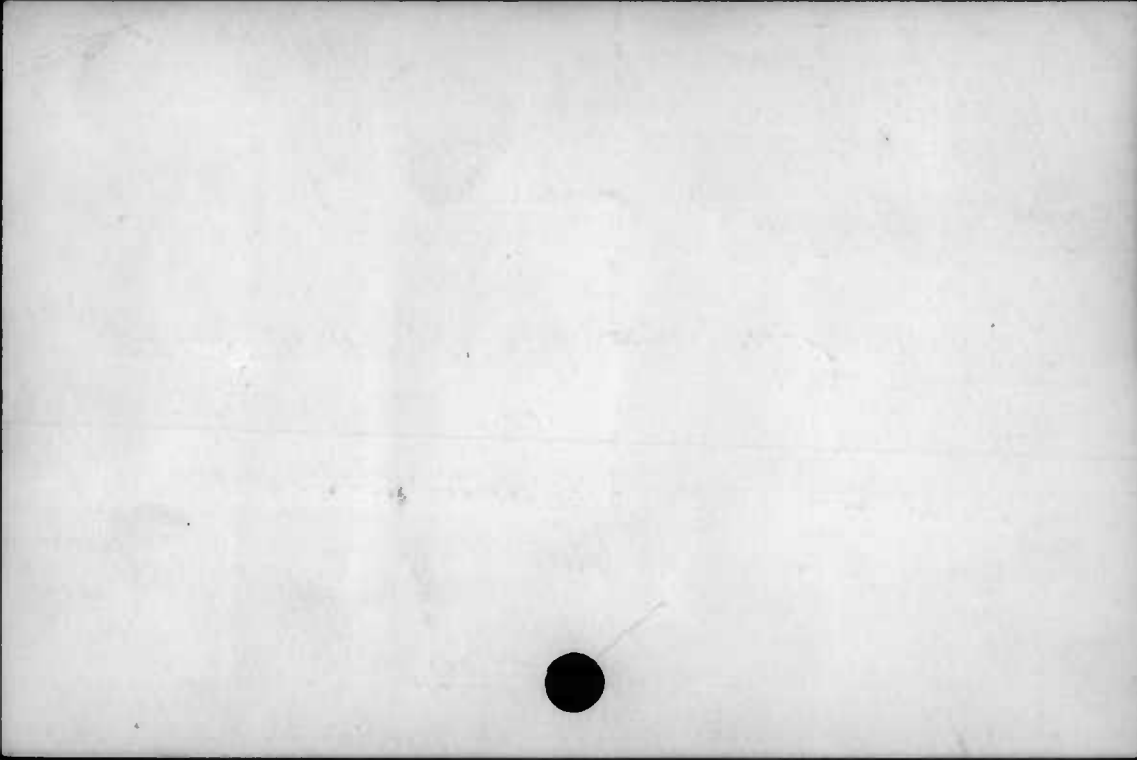
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		May	2nd			4	20
Sex		Color or Race		Birth-place			
male		white		Somerset Co.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
-				-			
Father's Name				Father's Birthplace			
Peter Price				Somerset Co.			
Mother's Maiden Name				Mother's Birthplace			
Bertha Bennett				Somerset Co.			
Name of person giving information				How related to deceased			
Peter Price				Father			

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	How long
Bronchitis	2 hrs.
Immediate	How long
Asphyxia	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	P. J. Windsor, M.D.
	Address
	Somerset Co. Md.
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John H. Biggin</i>		Town <i>Lawsonia</i>		County <i>Somerset</i>		MARYLAND	
Died at <i>Lawsonia</i>		Month <i>May</i>		Day <i>23</i>		Years <i>61</i>	
Date of death <i>1908</i>		Month <i>May</i>		Day <i>23</i>		Age <i>61</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-Place <i>Lawsonia</i>			
Occupation <i>Mason</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Rosa T. Biggin</i>					
Father's Name <i>Isaac Biggin</i>		Father's Birthplace <i>Somerset Co.</i>					
Mother's Maiden Name <i>Mary Wilson</i>		Mother's Birthplace <i>Somerset Co.</i>					
Name of person giving information <i>John L. Biggin</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>3 wks</i>
Immediate <i>Dysentery</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>O. E. Collins</i>
	Address <i>Civilized</i>
Accident or Suicide?	

(18)



Name
in
Full

Merthy Ivory Smeade

CERTIFICATE OF DEATH

MARYLAND

Died at *Rhodes Point* Town*Somerset* County

Date

of death *1908 May*

Month

Day

27

Years

Age

3

Months

9

Days

20

Sex

*Female*Color or
Race*White*Birth-
place*Rhodes Point*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Charles West Smeade*Father's
Birthplace*Smith's Island*Mother's
Maiden Name*Chera Evans*Mother's
Birthplace*Smith's Island*Name of person giving
Information*Charles West Smeade*How related
to deceased*Father*

CAUSES OF DEATH

88

Primary

Acute Catarrhal Laryngitis

How long

10 days

Immediate

Laryngeal Stenosis

How long

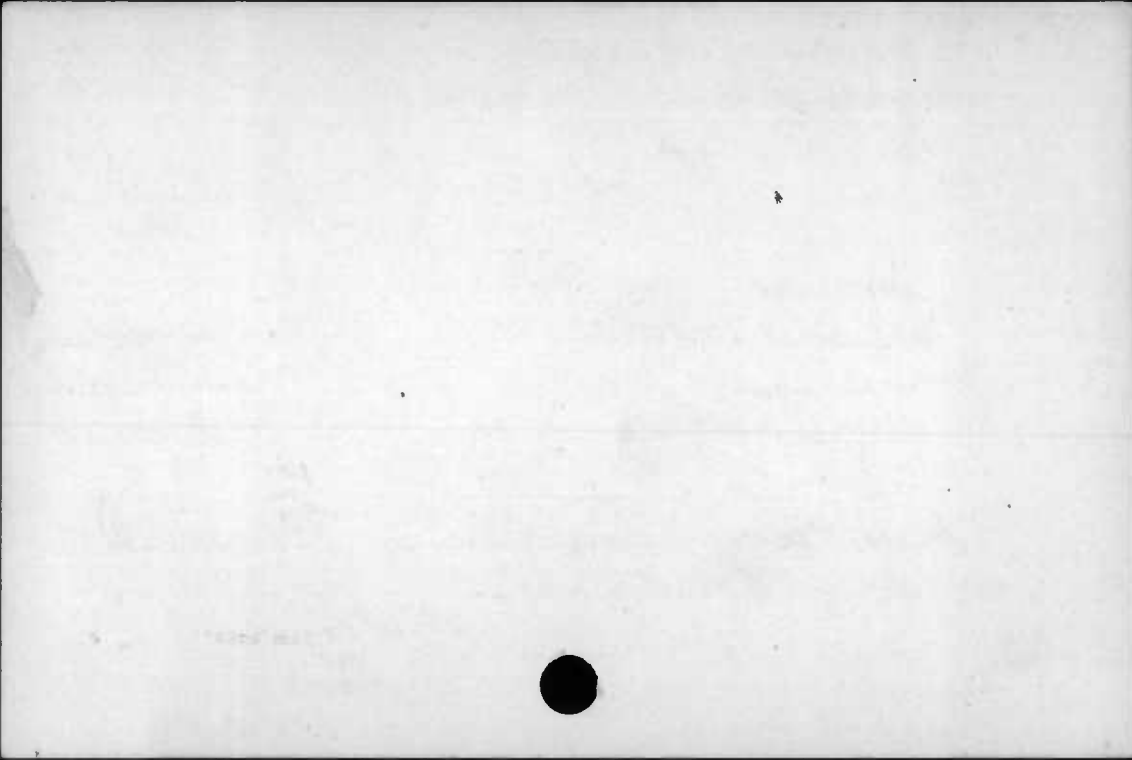
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*R. H. Powers*

Address

*Cecil,
Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Clinton J. Miggall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

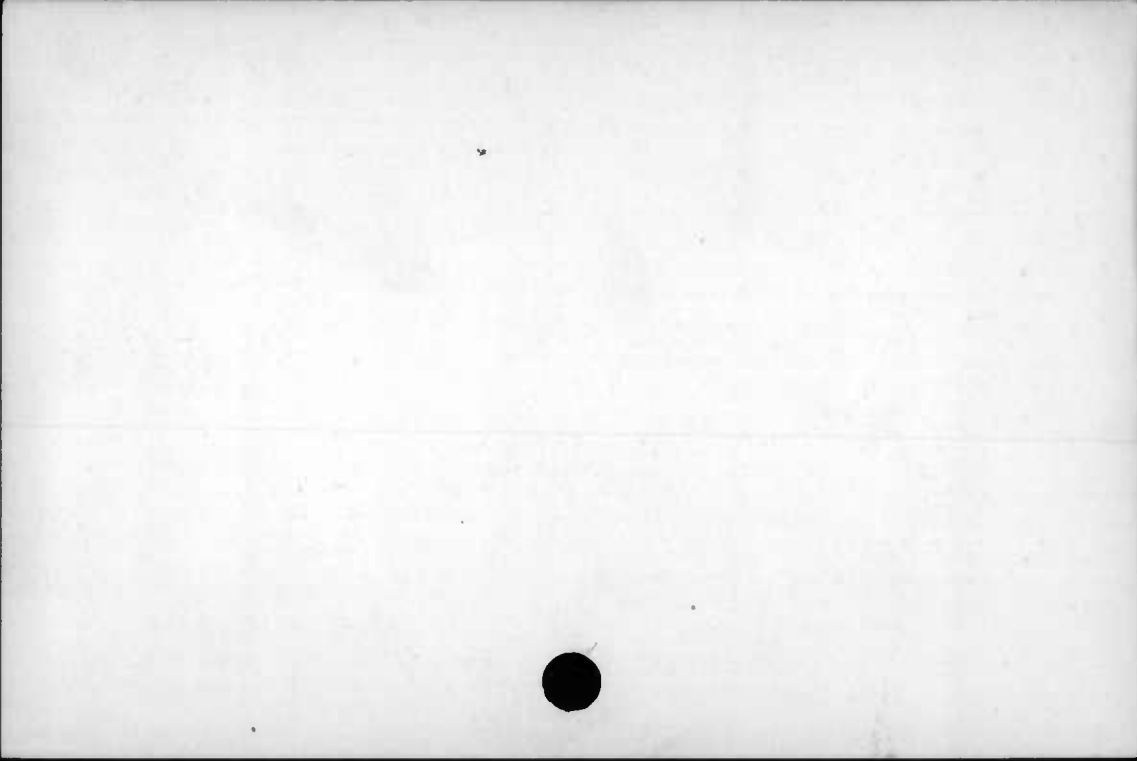
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		May	11th	1	1	2	6
Sex	male		Color or Race	Colored		Birth-place	Som. Co.
Occupation	—			Where Residing if not at place of death —			
Married, Single or Widowed	—		Name of Wife or Husband —				
Father's Name	Clinton Miggall					Father's Birthplace	Som. Co.
Mother's Maiden Name	Sallie Roberts					Mother's Birthplace	Som. Co.
Name of person giving information						How related to deceased	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	7 years
Immediate	asthenia		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	D. J. Windsor, M.D.
			Address	Somerset Co., Md.
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Months	Days	
Sex		Color or Race		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Heart failure		How long	10 Minutes
	Immediate	Apoplexy			How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
			Address		
	Accident or Suicide?				

